

1. Student Information

Please write clearly

Family Name:		Given Name:		Date:
Student ID#:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Cell #:	Date of Birth: MM/DD/YYYY	
E-mail:		Visa Type: <input type="checkbox"/> F-1 <input type="checkbox"/> J-1	Are you on OPT?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
US address:			Apartment Number (if any):	
City:	State:	Zip Code:		
Major:				
Degree: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Exchange Student <input type="checkbox"/> Visiting Scholar <input type="checkbox"/> ELP <input type="checkbox"/> Study Abroad in the USA <input type="checkbox"/> Academic Pathway Program				

Requests will be processed after the end of the term

2. Transfer Information

Student must present an acceptance letter AND transfer form provided by their new school to process the request.

Last day at CSUSB: _____ First day at new institution: _____

Name of new institution: _____ Transfer Contact Email: _____

Reason for Transferring Out:

- | | | | |
|---------------------------------|--------------------------------|--------------------------------|------------------------------------|
| <input type="radio"/> Financial | <input type="radio"/> Academic | <input type="radio"/> Personal | <input type="radio"/> Other: _____ |
| ↳ Lack of Personal Funding | ↳ Program not offered | ↳ Family/Friends | |
| ↳ Better Cost at New School | ↳ Better Ranking School | ↳ New Environment | |
| | | ↳ Other: _____ | |

Note: You will not be eligible to re-enter the U.S. on your current I-20/DS 2019

3. Health Insurance Refund

****Health insurance refund is only available for students transferring prior to the expiration date of their current health insurance plan.****

Date leaving the US: _____

4. Signature: _____ Today's date: _____

Office Use Only

Completed by: _____ Date: _____

Comments: _____

- Transfer Form Attached Electronic Transfer Form

Holds Cleared: _____ Insurance Refund: _____

DSO Use:

SEVIS Action: _____

DATE: _____

MM/DD/YYYY